<u>Protocol and Procedure for Team Decision Making-Potential Placement</u> Moves

The purpose of a Potential Placement Move Team Decision Making (TDM) Meeting is to involve a broad representation of individuals to share in the decision making process, in considering the most appropriate placement for the child(ren) and prevent unnecessary moves through developing a plan to support a placement that would result in:

- Reuniting children with their families as soon as that can safely be accomplished, based on the family and children's needs.
- Reducing the length of children's stay in out of home care.
- Assuring that family foster home resources are provided to all those children who in fact must be removed from their homes; and
- Planning and considering the least restrictive settings for future placement needs.

The Primary Value of each Placement Move Team Decision Making Meeting shall be:

- Placement of siblings together
- Placement of child(ren) in their community or family of origin
- Placement to meet child(ren)'s individual needs
- Placement decisions that support the goal of permanency.
- Providing support to caregivers that stabilizes and preserves placements when appropriate.

Team Decision Making Triggers: TDM meetings are held prior to the child(ren) moving from one placement to another, whether within an agency or to another placement provider, a change of placement of the child(ren) cannot take place without TDM meeting.

A) Unplanned Moves

- 1. Crisis in placement resource (to include runaways)
- 2. Less than 14 days in temporary placement (Emergency foster homes, Wrenn House).
- *Unplanned move TDM meetings will be utilized for hospital discharge planning.
- *Current Placements should be maintained until unplanned TDM meeting is held.

B) Planned Moves

- 1. Consideration of the need for another appropriate level of care.
- 2. Placement to community of origin.
- 3. Change from temporary placements (14 days or more in placement)
- 4. Alternate placements until Adoption placement is secured.
- 5. Placement with Relatives or Non-Relatives with a completed kinship assessment.
- 6. Compliance with the court order.
- *A TDM meeting is held in **every** case that is a potential placement change for a child(ren).

Participants:

Core members that are to be invited and/or participate in any TDM meeting:

- 1. Wake County Human Services Child Welfare Social Worker,
- 2. Child Welfare Services Supervisor,
- 3. Birth Parent/Caretaker of Origin and/or extended Family members (Pre-TPR), unless contra-indicated,
- 4. Current Caregiver (Foster Parents, adoptive parents, group home staff or relative)
- 5. Contract Agency Case Worker and/or WCHS Licensing Worker,
- 6. Wake County Human Services Resource Team Member, when applicable
- 7. GAL,
- 8. Juvenile Court Counselor, when applicable
- 9. Child Mental Health Case Manager,
- 10. Child(ren), if and when appropriate,
- 11. Community Partner,
- 12. Adoption Resource Team, when applicable.
- 13. Adult Appointed GAL, when applicable
- 14. Family Support Program Worker, when applicable

Individuals needed at an **unplanned** TDM meeting:

- 1. Wake County Human Services Child Welfare Social Worker,
- 2. Child Welfare Social Work Supervisor,
- 3. Resource Team Member,
- 4. Current Foster Parent(s) or group home staff,
- 5. Contract agency case manager and/or Wake County Human Services Licensing worker.
- 6. Mental Health Case Manager
- *Attendance of all identified core/team members is expected at all TDM meetings initiated, however, the TDM meeting will occur without the benefit of all teams members' input if they fail to attend.

Referral Process:

Workers needing to schedule a TDM meeting can access the facilitator by;

- 1. Office Phone, 212-7454
- 2. Pager, 873-6864
- 3. Cell Phone, 623-8600
- 4. Lotus notes TDM calendar.

*The Facilitator is located in room 3029H of the Swinburne Building.

There are two back-up facilitators that can be accessed by calling the facilitator's pager, only in the absence of the TDM facilitator.

Planned Placement Change:

If the child(ren) meets criteria for planned moved, then child's social worker will make a referral to the facilitator requesting a **planned** placement change TDM meeting. After initial referral for a planned move TDM, the meeting is to be held within 3-5 working days.

The child's worker will schedule a time for TDM meeting with the facilitator by calling voicemail at 212-7454 and provide the names and numbers for Wake County Human Services Licensing Worker, Juvenile Court Counselor, Mental Health Case Manager and other core members.

The child's social worker is expected to contact:

- 1. Birth Parent/Caretaker of Origin and/or Extended Family Members (Pre-TPR),
- 2. Child Welfare Supervisor,
- 3. Current caregiver,
- 4. Contract Agency Case Manager,
- 5. GAL,
- 6. Child (if and when appropriate).

The Facilitator is expected to contact:

- 1. Wake County Human Services Licensing worker,
- 2. Wake County Human Services Resource Team Member,
- 3. Juvenile Court Counselor,
- 4. Mental Health Case Manager,
- 5. Community partners
- 6. Adoption Resource Team
- 7. Family Support Program
- *The Facilitator will then secure space for conducting TDM meeting and inform child's worker of location of TDM meeting.

Unplanned Placement Change:

Child's social worker will make referral to facilitator requesting **unplanned** placement change TDM meeting within 3 hours of determining, after making use of protocols (including safety assessment) that a more appropriate placement/services are needed. After initial referral the TDM meeting will be held as soon as possible or at least within 1-2 days. The Child's worker will schedule a time for TDM meeting with the facilitator.

The child's social worker is expected to contact:

- 1. Birth Parent/Caretaker of Origin and/or Extended Family Members (Pre-TPR),
- 2. Wake County Human Services Child Welfare Supervisor,
- 3. Current foster parent(s) or group home staff.

The Facilitator is expected to contact:

- 1. WCHS Resource Team member
- 2. Wake County Human Services Licensing Worker.
- *Facilitator will then secure space for conducting TDM meeting and inform child's worker as to the location of the TDM.
- *Immediate removal of a child(ren) should occur during an emergency, evening or weekend hours if the child(ren) is at imminent risk or is a danger to self or to others. The Child(ren)'s social worker will then make a referral the following business day for a TDM meeting.
- *If the child is placed out of county, not including neighboring counties, a TDM meeting can take place via speakerphone with invited core members.

Structure of TDM meetings:

- *All participants will report to the 4th floor of Wake County Human Services.
- *Social worker or SW supervisor will escort participants to the designated meeting room.
- *It is stated up front that in the absence of consensus, WCHS is ultimately responsible for the safety and protection of the child.
- *During a TDM meeting all cell-phones and pagers are to be turned to silent mode and are not to be answered.
- *A Child Welfare Supervisor should be present at the TDM meeting whenever possible.
- *All TDM Meetings should not exceed 2 hours.

A. Introductions/Housekeeping/Ground Rules

- 1. Housekeeping
- 2. Facilitator begins meeting, introducing self, purpose of TDM-length of meeting, boundaries, process, consensus is the goal but agency has ultimate responsibility for safety and protection of child if consensus can't be reached. WCHS will be responsible for making the decision.
- 3. Participants introduce selves, role and relationship to child (use name tents).
- 4. Ground rules
 - a. One person speaks at a time
 - b. Respect opinions
 - c. Agree to disagree
 - d. Safe, non-threatening environment
 - e. Right to privacy—information will only be shared on a need to know basis
 - f. *
 - g. *

B. Concerns

- 1. Identifying the situation
 - A. Why are we here?
- 2. Assessing the situation:

^{*(}Indicates additional ground rules desired/identified by the individual group)

- A. Who, what, when and why—Presented by the child's social worker, birth parent/caretaker of origin and extended family members as well as current caretakers.
- B. Length of time the child has been in current placement
- C. Number of placements since custody
- D. Child's needs—"What behaviors are of concern or what brought about this request for a move". Changes in placement, needs of placement provider
- E. Identify child's strengths
- F. Identify risk/safety needs
- G. What existing services are in place, interventions, what work?
- H. Review current treatment/permanency plan
- I. Current level of care/treatment

Any existing juvenile delinquency court involvement

C. Brainstorming Ideas

After a thorough assessment of family strengths in addition to the concerns that affect the safety of the child with explanation of how and why the agency feels the behaviors put the child at risk, ideas from everyone are solicited. When brainstorming ideas, everyone is encouraged to share their ideas of how to address the concerns and build on the strengths. Ideas can be written on a flip chart or white board to recognize each person's contribution and to ensure all ideas are captured and considered.

D. Reaching Consensus

During the reaching a decision stage, all the ideas will be considered to determine how to provide safety for the child in the least restrictive setting and which services/ideas support the child, parent, caregiver etc. The decision, resulting from the TDM meeting, will provide safety and protection for the child(ren) in the least disruptive and supportive way possible.

E. Recap/Action Plan/Closing

- 1. During the recap/evaluation/closing, it is suggested that the decision and the understanding of who will do what and when will be summarized. The facilitator will check for understanding of the decision and determine if a **follow-up** meeting is needed. The action plan developed is written and provided to the child's social worker at the end of the TDM meeting. The child's social worker will be responsible for coordinating the activities in the action plan. All participants listed in the action plan will be responsible for carrying out their specific assigned strategy/intervention agreed upon by the team during the meeting.
- 2. If placement is preserved then:
 - A. What do we need to do to preserve placement, gaps in services? Can additional services and/or supports maintain the placement?

B. Capitalize on strengths

Are all of the child's needs being met currently? If not, which aren't being met? Are all of the caregivers' needs for support and/or services being addressed? C. Support services to be implemented for identified needs What services/supports are needed for the child and caregiver(s)—How soon can they be provided?

D. Identify persons responsible for implementation

E. Back-Up Plan

What is the plan for support in a crisis?

Follow up meeting—set a date before leaving (not another TDM)

If placement is not preserved then:

- A. Level of placement authorization (Current resource request)
- B. Time frame (length of time to stay in current placement)
- C. Identify the transition plan for moving the child including roles and timeframes for all parties.

Is a change in the level of care or type of placement needed?

What is the least restrictive type of placement that will keep this child safe and support the case plan goal?

Are all of the child's needs being met currently? If not, which aren't being met? Resource team will discuss options. What services and/or supports (for child and/or caregiver) are needed? Transition plan implemented for current placement. Identify support services. Identify persons responsible for implementing plan. Keep in same community? How can stability be maintained? What is the plan for support in a crisis? Is there anything else that should be done for the child and/or caregiver(s)?

F. Appeal Process

- A. If consensus on a decision cannot be reached, child's SW and Child Welfare Services Supervisor will make the final decision. Only Wake County Human Services staff members may appeal the decision to a child welfare program manager directly supervising their unit and then to the Director of Child Welfare/Child Mental Health.
- B. An appeal can only be requested if the plan is;
 - a. Harmful to the child and/or;
 - b. Violates law or policy.
- C. A written appeal will be requested by the close of the next business day and given to the program manager.

G. Role of the Facilitator:

- a. Facilitates the TDM meeting
- b. Presents basic ground rules
- c. Keeps record of those present
- d. Keeps meeting on target
- e. Involves the family
- f. Reviews plan and responsibilities
- g. Records the minutes
- h. Contacts members of the TDM team
- i. Maintains child's focus
- j. Provides written documentation of meeting with copies to participants of the TDM meeting
- k. Provides a copy of the action plan to all participants of the TDM meeting
- 1. Protects ideas from being attacked

- m. Periodically summarizes, clarifies, reframes and identifies areas of agreement
- n. Moves the group through the problem-solving/decision-making process